THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

W – 2 Duplicate Request

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
W-2 Adjustment Unit
450 West 33rd Street, 4th Floor
New York, NY   10001

If paying by Credit Card or Payroll Deduction, you may fax to:
(212) 857-7259
www.NYC.gov/payroll

AGENCY IDENTIFICATION

Agency Name: **New York City Board of Education**

Payroll Number:

W-2 Coordinator Name:
(if known)

Agency Telephone:

EMPLOYEE IDENTIFICATION

FIRST: **Jacquelyn** M.I.: **B** LAST: **N'Jai**

EMPLOYEE SOCIAL SECURITY NUMBER: [redacted]

DAYTIME TELEPHONE (Mandatory for DoE employees): [redacted]

MAILING ADDRESS
(Address to which copies of documents will be mailed)

☐ CHECK HERE IF THIS IS AN AGENCY ADDRESS

STREET ADDRESS: **7801 Lloyd Avenue**

STREET ADDRESS CONTINUATION: **#116**

BOROUGH / CITY / TOWN: **Swissvale**   STATE: **PA**   ZIP CODE + 4: **15218** -

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TAX YEAR(S) REQUESTED

Enter the year(s) of your request (YYYY).

YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
1985	1986	1987	1988	1989	1990

☑ W-2   ☐ 3RD PARTY DISABILITY   ☐ 1127 STATEMENT

REQUESTED BY

☑ Employee Signature   ☐ Other Authorized Person _____ Relationship

Signature _____

FEE CALCULATION – Enter quantity and total

	NUMBER OF ITEMS		FEE PER ITEMS	TOTAL
Duplicate W-2 Request Forms	5	X	$5.00	$25.00

A fee of $5 is charged for each copy of a W-2 or 1127 more than three years old. Fees do not apply to copies of documents of active employees of NYCHA, NYCERS, TRS, Police Pension Fund, or the Water Authority.

PAYMENT METHOD – Select method of payment (Cash Not Accepted)

☐ Certified Check   ☐ Money Order

Please make certified check or money order payable to:
City of New York Office of Payroll Administration

☐ Payroll Deduction (FOR ACTIVE EMPLOYEES ONLY)

Employee Authorization for Payroll Deduction

☑ Credit Card

Complete section below for Credit Card

Credit Card Type: ☐ MasterCard   ☑ VISA   ☐ Discover   ☐ American Express

CREDIT CARD ACCOUNT NUMBER: **4039 9572 3469 9963**

EXPIRATION DATE: **03 / 18**

CVV **247**

Cardholder Name **Jacquelyn B. N'JAi**
(Print name as it appears on card)

Cardholder's Signature _____

Request for copies received by:	Certified Check, Money Order, or Credit Card processed by:	Payroll Deduction entered by:
Name (Please Print)	Name (Please Print)	Name (Please Print)
Signature	Signature	Signature
Date (MM/DD/YY)	Date (MM/DD/YY)	Date (MM/DD/YY)
Items Mailed: Date (MM/DD/YY) Initials		Deduction Code **7 0 5 9**

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